

Magnolia Lodging

417 Oakbend Drive Suite 170

Lewisville, TX 75067

Phone: 214-488-5211 Fax: 214-731-0200

EMPLOYMENT APPLICATION

NAME: *Mr/Mrs/Miss* _____ ADDRESS: _____ Date: _____

TELEPHONE: _____ CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

POSITION APPLIED FOR: _____ Full Time: _____ Part-time: _____ Social Security #: _____

Yes No

- Are you at least 18 years old?
If not, what age are you?
- Can you provide a work permit, if necessary?
- Did you complete High School?
- Did you complete College?
If yes, field: _____

- Do you have other education or training?
If yes, field: _____
- Can you provide proof of legal right to work?
- Do you speak English?
- Other Languages? If yes, language: _____
- Do you have Armed Forces Experience?
- Are you related to a Magnolia Lodging employee? If yes, who: _____
- Were you referred by a Magnolia Lodging employee? If yes, whom: _____

Yes No

- Do you smoke tobacco?
- Will you undergo a drug screen, if required?
- Can you work some weekends or evenings if needed?
- Can you travel, if required?
- Have you ever been fired from a job?
- Have you ever been convicted of a crime? (a negative response does not automatically disqualify the applicant from a position.)
- Have you worked for Magnolia Lodging before?
If yes, where : _____
- Have you made application with Magnolia Lodging before? If yes, where: _____

WORK EXPERIENCE

Company: _____
City: _____ State: _____ Zip: _____
Last Position held: _____
Reason for leaving: _____
Immediate Supervisor: _____
Duties, responsibilities and number supervised: _____
My initials, _____ indicate my permission for you to talk to this employer.

Address: _____
Employed from: _____ To: _____
Salary; beginning: _____ Ending: _____
Hours worked/week: _____
Phone # : _____

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Phone # : _____

OTHER WORK HISTORY & REFERENCES

Company: _____

Position/Date: _____

Company: _____

Position/Date: _____

Company: _____

Position/Date: _____

DO YOU HAVE WORK EXPERIENCE NOT LISTED ABOVE? Yes No

DO YOU HAVE EXPERIENCE IN THE FOLLOWING?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Reservations	<input type="checkbox"/>	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	Grounds Care
<input type="checkbox"/>	<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	Sales	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Back Office	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	<input type="checkbox"/>	Auditing	<input type="checkbox"/>	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	<input type="checkbox"/>	Bartending
<input type="checkbox"/>	<input type="checkbox"/>	Computer Experience: _____						

**This Section Must be Completed by All Applicants to be Considered for Employment with Magnolia Lodging.
VEHICLE OPERATIONS INFORMATION**

Driver's Licenses held:	State	License Number	License Type	Expiration Date
	_____	_____	_____	_____
	_____	_____	_____	_____

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle of any type? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your license, permit or privilege ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you provide your driving record from the Department of Motor Vehicles, if employed? | <input type="checkbox"/> | <input type="checkbox"/> |

APPLICANT'S AGREEMENT

I UNDERSTAND AND AGREE THAT:

- 1.) I certify that all information given on this application and accompanying documents is true and complete.
- 2.) I understand application forms and all other materials are the property of the Company.
- 3.) I authorize all previous employers, references, the National Personnel Records Center and/or Army, Navy, Marine, Air Force, Coast Guard or their reserve components, driving records, consumer reporting, and any other entity to furnish the Company, to the extent permitted by Federal or State law, my reason for leaving, and all other information they may have concerning me. I release them and the Company from all liability that may arise from such investigation.
- 4.) I understand, if employed, I may terminate my employment at any time without cause, and the Company may terminate or modify the relationship at any time without notice or cause. I further understand, if employed, my employment is for no definite period of time, and if terminated, the Company is liable only for wages or salary earned as of the date of termination.
- 5.) I understand and voluntarily agree, as a condition of employment or continued employment, I may be requested by the Company to submit to a urinalysis, drug screen, alcohol blood analysis and/or other kinds and types of testing, when requested to do so or unsatisfactory test results will disqualify me for consideration for employment, or if I am employed, may result in my immediate dismissal.

X _____
Signature of Applicant

Date